

NLN DOCLINE ROUTING TABLE CHANGE REQUEST FORM  
REGION 6

INSTITUTION: \_\_\_\_\_

DEPARTMENT/LIBRARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

LIBID: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

AREA CODE: ( ) TELEPHONE NUMBER: \_\_\_\_\_

AREA CODE: ( ) FAX PHONE NUMBER: \_\_\_\_\_

INTERNET ADDRESS: \_\_\_\_\_

ARIEL ADDRESS: \_\_\_\_\_

Does the library routinely fill interlibrary loan requests by fax (on a non-emergency basis)? YES \_\_\_\_\_ NO \_\_\_\_\_

1. List the code(s) you use to access DOCLINE: \_\_\_\_\_

2. Which routing table(s) will be changed? [ ] SERLINE ROUTING TABLE  
[ ] MONOGRAPH/AUDIOVISUAL/NON-SERLINE ROUTING TABLE [ ] BOTH

Monograph/Audiovisual/Non-SERLINE Routing Table:

Do you presently have a Monograph/Audiovisual/Non-SERLINE Routing Table?  
YES \_\_\_\_\_ NO \_\_\_\_\_

CELL A: LIBID \_\_\_\_\_ INSTITUTION \_\_\_\_\_

CELL B: LIBID \_\_\_\_\_ INSTITUTION \_\_\_\_\_

CELL C: LIBID \_\_\_\_\_ INSTITUTION \_\_\_\_\_

CELL D: LIBID \_\_\_\_\_ INSTITUTION \_\_\_\_\_

3. Submit an updated copy of your **current** DOCLINE Routing Table(s). (SEE INSTRUCTIONS.) **Also** list your **revised** routing table(s) on pages 2-4 of this form, if you have more than 5 changes. If you have questions, please contact your Regional DOCLINE Coordinator, Nancy Press at (206)543-8262 or (800)338-7657 for assistance.

4. Mail this completed Routing Table Change Request Form, including any completed new DOCLINE Routing Table(s), and the corrected copy of your current DOCLINE Routing Table(s) to:

NN/LM PNR  
University of Washington  
Health Sciences Center Library, Box 357155  
Seattle, WA 98195-7155

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FOR NLN USE ONLY: Received \_\_\_\_\_ Approved \_\_\_\_\_ Keyboarded \_\_\_\_\_

11/6/92



INSTITUTION: \_\_\_\_\_

REGION: \_\_\_\_\_

**LIBID:** \_\_\_\_\_

**P. 3**

[illegible]

INSTITUTION: \_\_\_\_\_

REGION: \_\_\_\_\_

**LIBID:** \_\_\_\_\_

**P. 4**

[illegible]